



Body Art Individual Renewal Registration

Renewal

Application Number: LCB20 _____

Your manager completes the Business section below.
Separate letter not required.

**Applicant must apply in person for an ID photo.
Allow 7 working days to process.**

Business	Employee Name _____ is currently employed as a Body Art Technician at Business Name _____ Address _____ Manager Name _____ Signature _____
Applicant	Are you a U.S. Citizen? Yes _____ No _____ Are you over 18? Yes _____ No _____ If yes, but your birthplace was not in the U.S., please provide a Certificate of Naturalization, Certificate of Citizenship or current U.S. Passport. If no, present proof of Immigration/employment status. Date of Birth _____ Maiden name _____ Place of Birth _____
Documentation needed	<p>Have you ever been convicted of any felony, crime or violation of any ordinance other than a minor traffic offense? Yes _____ No _____</p> <p>If yes, provide the time, place, offense and penalty imposed.</p> <p>_____</p> <p>_____</p> <p>Attach:</p> <ol style="list-style-type: none"> Proof of current state licensure Proof of current blood borne pathogen training.

I HEREBY STATE THAT: I am familiar with the Bloomington City Code, Chapter 14, sections 14.376-14.390 for Body Art. The Bloomington City Code is available on the City's website BloomingtonMN.gov.

I UNDERSTAND AND AGREE THAT: A criminal conviction will not bar an applicant from obtaining a license with the City of Bloomington unless such conviction is directly related to occupation for which the license is sought, according to Minnesota Statutes S364.03.

I HEREBY AUTHORIZE THAT: The City of Bloomington can investigate and make necessary to verify the information provided.

Applicant Signature: _____ Date Signed ____/____/____

(Office Use Only)	
Date Application received _____	State licensure _____
Payment entered (4 digits) _____	Blood borne pathogens _____
Photo _____	Cleared background _____
Citizenship _____	Date mailed _____
ID (copy dl) _____	